

<b>CLAIMS ONLY</b>						Application Number <div style="font-size: 1.2em; font-family: cursive;">10604559</div>		Filing Date 	
						Applicant(s)			
* May be used for additional claims or amendments									

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT							
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	/						51					
2		/					52					
3		/					53					
4		/					54					
5		/					55					
6		/					56					
7		/					57					
8		/					58					
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35		/					85					
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37		/					87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total Indep	4						Total Indep					
Total Depend	33						Total Depend					
Total Claims	37						Total Claims					